



# APPLICATION FOR REINSURANCE INTERMEDIARY BROKER OR MANAGER - IC 27-6-9 et.seq.

State Form 45979 (R/6-94)

Approved BY State Board OF Accounts 1994

## INSTRUCTIONS:

- All authorized persons per IC 27-6-9-15 must sign application.
- The written contract must be approved by the reinsurer's Board of Directors and be submitted at least thirty (30) days before a reinsurer assumes or cedes business through a RM for the Commissioner's approval per IC 27-6-9-21.
- Items 1-5 must be completed for a Reinsurance Broker License.
- Items 1-10 must be completed for a Reinsurance Manager License.

**NOTE:** Filing of this application does not give authority to your entity. This authority does not exist until all required items are filed and a license has been issued.

The following documents **MUST** be submitted with this application.

1. Written contract in original and duplicate, accompanied by the reinsurer's Board of Directors Resolution approving the contract. Contract provisions for Reinsurance Broker must be in compliance with IC 27-6-9-18; Reinsurance Manger must be in compliance with IC 27-6-9-21.
2. Statement of financial condition prepared by an independent Certified Accountant. This statement may be in the form of a compilation report, a report of review or audit report.
3. Copy of organizational chart.
4. Non-resident broker or alien manager must submit a power of attorney appointing Commissioner for service of process.
5. Alien manager must provide name and address of Indiana appointed agent.
6. Biographical affidavits on all authorized persons.
7. Errors and Omissions Policy in the amount of \$ \_\_\_\_\_.
8. Fidelity Bond from an insurer in the amount of \$100,000 for the protection of the reinsurer.
9. If RM establishes loss reserves, actuarial opinion attesting to the adequacy of loss reserves incurred and outstanding on business produced by RM in accordance with IC 27-6-9-23.
10. Filing Fees in the amount of: Initial \$100.00      Renewal \$ 100.00

Name of Applicant

Telephone Number

(   )

Address of Applicant (Street, City, State, Zip Code)

Contact Person for Applicant

Telephone Number

(   )

Type of Reinsurance Intermediary Organization (Check One)

(   ) Individual   (   ) Partnership   (   ) Corporation

(   ) Other \_\_\_\_\_

Lines of Reinsurance Authorized to Transact (Check All That Apply)

(   ) Life   (   ) Health and Accident   (   ) Property

(   ) Casualty   (   ) Other \_\_\_\_\_

## Complete the Following Questionnaire

1. Are you an attorney licensed to practice in the State of Indiana (If yes, you are exempt from the filing requirements as a reinsurance broker in the State of Indiana.)

(   ) Yes   (   ) No

2. Do you have binding authority on behalf of a reinsurer?

(   ) Yes   (   ) No

3. Do you act as an agent of the reinsurer?

(   ) Yes   (   ) No

4. Is your compensation a factor of premium production?

(   ) Yes   (   ) No

If you answered "NO" for questions 1 through 4 then you are not required to be licensed as a Reinsurance Intermediary. You do not have to complete the rest of this application.

5. Do you have authority to manage all or part of an insurer's assumed reinsurance business?

(   ) Yes   (   ) No

6. Are you an employee of the reinsurer?

(   ) Yes   (   ) No

7. Are you a manager of a U.S. branch of an alien reinsurer?

(   ) Yes   (   ) No

8. Are you under contract to manage all or part of the reinsurance operations?

(   ) Yes   (   ) No

9. Are you under common control of a reinsurer as defined under IC 27-1-23 and compensation is not based on premium production?

(   ) Yes   (   ) No

10. Are you manager of a group, association, pool or organization of insurers engaged in joint underwriting or reinsurance and subject to examination by the insurance department of the state whereby the principal office is physically located?

(   ) Yes   (   ) No

10a. Name of the organization

10B. State Having examination authority

OVER

## SCHEDULE A

PERSONS HAVING BINDING AUTHORITY AND ACTING AS REINSURANCE INTERMEDIARIES	
1	NAME OF THE PERSON
2	DESIGNATION
3	DATE OF APPOINTMENT
4	DATE OF EXPIRATION
5	REMARKS

This information that I have supplied is true and correct to the best of my knowledge. I have read the Indiana Insurance Code and regulations relative to the responsibilities and requirements of being a reinsurance intermediary and agree to accept and abide with its provisions.

[illegible]